

BUSINESS LICENSE APPLICATION Department of Licensing and Collections

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BUSINESS INFORMAT	TION -Applic	ation bmuasy	i nbees sei-incaen			
Business Name:			Business Phone:			
Business Location:						
Menu Description:						
Business Type: Corp	ooration LLP / LLC	Sole Proprietor [Non-Profit Home Ba	ased: 🔲Y	es	
Illinois Sales Tax ID:		F	EIN:			
Size of Mobile Food Veh	hicle: Length:	V	/idth:			
Description of facilities in	nside the food dispen-	ser or preparer:				
OWNER INFORMATIO	N / RESPONSIBLE P	ARTY				
Owner Name and Title:			N.L	Otata:	7:	
Owner Address: Owner Phone:			الزy: :_mail:	_ State:	ZIP:	
Contact Name and Title	(other than owner)		maii			
			Contact E-mail:			
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